



South Dakota Board of Nursing
Unlicensed Assistive Personnel
4305 South Louise Avenue Suite 201
Sioux Falls SD 57106-3115
(605) 362-2760 Fax: (605) 362-2768

Unlicensed Medication Aide (UMA) Registry Renewal Application

If any of the information is incorrect, incomplete or illegible, processing may be delayed. An applicant will be notified if additional information is required. **Send this completed application to the fax number listed above or email to Ashley.Kroger@state.sd.us.**

****Allow up to 5-7 business days for the SDBON to process your application****

This Section to Be Completed By Unlicensed Medication Aide

Please Print

Name: First _____ Middle _____ Last _____

Other names used (Maiden, Former): _____

Social Security Number: _____ **Date of Birth:** _____

Registration Number: MO

Mailing Address: _____ **Apartment #:** _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Home: () _____ **Cell:** () _____

Email: _____ **Gender:** ☐ Male ☐ Female

Ethnicity: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other

Do you currently owe child support arrearages in the sum of \$1,000 or more? ☐ YES ☐ NO

If YES, contact South Dakota Department of Social Services to make arrangements prior to renewal of med aide registration.

*I declare and affirm that, to the best of my knowledge and belief,
all of the information provided on this application is complete, true, and correct.*

UMA Signature: _____ **Date:** _____